UNITED STATES COURT OF APPEALS FOR THE NINTH CIRCUIT

Form 1. Notice of Appeal from a Judgment or Order of a United States District Court

Name of U.S. District Court:
U.S. District Court case number:
Date case was first filed in U.S. District Court:
Date of judgment or order you are appealing:
Fee paid for appeal? (appeal fees are paid at the U.S. District Court)
○ Yes ○ No ○ IFP was granted by U.S. District Court
List all Appellants (List each party filing the appeal. Do not use "et al." or other abbreviations.)
Is this a cross-appeal? ○ Yes ○ No
If Yes, what is the first appeal case number?
Was there a previous appeal in this case? ○ Yes ○ No
If Yes, what is the prior appeal case number?
Your mailing address:
City: Zip Code:
Prisoner Inmate or A Number (if applicable):
Signature Norsen M. Evans Date

Complete and file with the attached representation statement in the U.S. District Court

Feedback or questions about this form? Email us at forms@ca9.uscourts.gov

Form 1 Rev. 12/01/2018

UNITED STATES COURT OF APPEALS FOR THE NINTH CIRCUIT

Form 6. Representation Statement

Instructions for this form: http://www.ca9.uscourts.gov/forms/form06instructions.pdf

Appellant(s) (List each party filing the appeal, do not use "et al." or other abbreviations.)
Name(s) of party/parties:
Name(s) of counsel (if any):
Address:
Telephone number(s):
Email(s):
Is counsel registered for Electronic Filing in the 9th Circuit?
Appellee(s) (List only the names of parties and counsel who will oppose you on appeal. List separately represented parties separately.) Name(s) of party/parties:
Name(s) of counsel (if any):
Address:
Telephone number(s):
Email(s):
To list additional parties and/or counsel, use next page.

Feedback or questions about this form? Email us at forms@ca9.uscourts.gov

Continued list of parties and counsel: (attach additional pages as necessary)
Appellants
Name(s) of party/parties:
Name(s) of counsel (if any):
Address:
Telephone number(s):
Email(s):
Is counsel registered for Electronic Filing in the 9th Circuit?
Appellees Name(s) of party/parties:
Traine(s) of parties.
Name(s) of counsel (if any):
Address:
Telephone number(s):
Email(s):
Name(s) of party/parties:
Name(s) of counsel (if any):
Address:
Telephone number(s):
Email(s):
Feedback or questions about this form? Email us at forms@cq9.uscourts.gov

Form 6 2 New 12/01/2018